

Customer No.: 24040

Practitioner's Docket No. 1576.116

PATENT

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

M/S: Box Patent Application - FEE
Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Yuki NAKAGAWA et al.

For (title): FUNGICIDIAL PYRIMIDINE DERIVATIVES

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is mandatory.)

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I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date August 15, 2003, in an envelope addressed to the Commissioner for Patents, P. O. Box 1540, Alexandria, VA 22313, as "Express Mail Post Office to Addressee" Mailing Label No. EV 208802017 US.

Date: August 15, 2003

Luann McCormick

Luann McCormick
Signature of person certifying

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New Application Transmittal--page 1 of 4

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

43 Page(s) of Specification

3 Page(s) of Claims

B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney

1 Page(s) of abstract

3. Additional Papers Enclosed

None

4. Declaration or Oath

Enclosed

Executed by:

Yuki NAKAGAWA
Sergey BOBROV
Charles R. SEMER, IV
Thomas A. KUCHARAK
Masahiro HARAMOTO

5. Inventorship Statement

The inventorship for all the claims in this application is the same.

6. Language

English

7. Certified Copy

None

8. Fee Calculation (37 C.F.R. § 1.16)

Regular Application									
CLAIMS AS FILED									
								Basic Fee 37 C.F.R. § 1.16(a) ***NV 37 CFR 1;16;a;2***	
Number Filed			Number Extra			Rate			
Total									
Claims (37 C.F.R § 1.16(c))		2	-	20	=	0	x	\$ 18.00	= \$ 740.00
Independent									
Claims (37 C.F.R § 1.16(b))		2	-	3	=	0	x	\$ 84.00	= \$ -0-
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))									
							\$ 280.00	\$	-0-

9. Fee Payment Being Made at This Time

Enclosed

Filing Fee \$750.00

Total Fees Enclosed \$750.00

Customer Number: 24040

10. Method of Payment of Fees

Authorization is hereby made to charge the amount of \$750.00 to Deposit Account No. 131992.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

11. Authorization to Charge Additional Fees

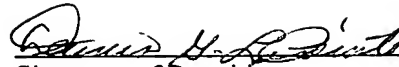
The Office is hereby authorized to charge, in the manner shown above, the following additional fees that may be required by this paper and during the entire pendency of this application: "filing fees", "presentation of extra claims", "filing date of application", "extension fees", "application processing fees, and "issue fee".

12. Instructions as to Overpayment

Credit Account No. 13-1992.

Date: 8/14/03

Reg. No.: 40693
Tel. No.: 727-538.3800
Customer No.: 24040



Signature of Practitioner
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